

MISSOURI DEPARTMENT OF REVENUE DIVISION OF TAXATION AND COLLECTION P.O. BOX 898, JEFFERSON CITY, MO 65105-0898 (573) 751-2326 TDD 1-800-735-2966

1141

FORM

• SEE INSTRUCTIONS ON REVERSE SIDE

 ATTACH ADDITIONAL SHEETS AS **NECESSARY**

• FILE SEPARATE FORM FOR EACH TAXABLE

| | TITUTION CREDIT/REGIME | (REV. 12-99) | YEA | K | | |
|--|---|---------------------|----------|--|--|--|
| FINANCIAL INS | STITUTION CREDIT/REFUND | | □ ва | NK-CREDIT | | |
| | | | ☐ RE | REFUND | | |
| Г | | | ☐ CR | CREDIT INSTITUTION | | |
| | | | ☐ SA | VINGS & LOAN | | |
| 1 | | | ☐ CR | ☐ CREDIT UNION | | |
| | | | | NSURANCE | | |
| NAME OF FINANCIAL INSTITUTION DATE | | | | | | |
| HOME ADDRESS | | | | | | |
| CITY, STATE, ZIP CODE | | | | | | |
| The deponent, being duly sw that the facts given below are | | s that this stateme | ent is m | ade on behalf of the taxpayer named, and | | |
| For taxable year | based on the calendar year inco | me period | _ | | | |
| 2. Amount of tax paid; dates of payments: | | | 2 | | | |
| 3. Amount to be credited or refunded | | | 3 | | | |
| The deponent verily believes | that this claim should be allowed for the | e following reason | s: | | | |
| CLAIMANT | | | | | | |
| NOTARY | | | | | | |
| NOTARY PUBLIC EMBOSSER SEAL | STATE | | | COUNTY (OR CITY OF ST. LOUIS) | | |
| | SUBSCRIBED AND SWORN BEFORE ME, THIS | | | | | |
| | DAY OF | 2 | 20 | USE RUBBER STAMP IN CLEAR AREA BELOW | | |
| | NOTARY PUBLIC SIGNATURE | MY COMMISSION EX | XPIRES | | | |
| | NOTARY PUBLIC NAME (TYPED OR PRINTED) | | | | | |

| FORM 1141 | | | PAGE 2 |
|--|-------|------------------------|-------------|
| I certify that an examination of the records of the Department of Revenue, shows the following facts | rela | ted to this claim: | |
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| REPRESENTATIVE, MISSOURI DEPARTMENT OF REVENUE | | | |
| 1. AMOUNT CLAIMED | 1 | \$ | |
| 2. AMOUNT ALLOWED | 2 | \$ | |
| | 3 | \$ | |
| 3. AMOUNT REJECTED | | | ! |
| INSTRUCTIONS | _ | | D : |
| The claim must set forth in detail and under oath each ground upon which it is made, and facts Revenue of the exact basis thereof. | s suf | ficient to apprise the | Director of |
| 2. The claim chould be ewern to by the taypayer if passible. Whenever it is necessary to have t | ho ol | laim executed by an | attornov or |

- 2. The claim should be sworn to by the taxpayer, if possible. Whenever it is necessary to have the claim executed by an attorney or agent, on behalf of the taxpayer, an authenticated copy of the document specifically authorizing such agent or attorney to sign the claim on behalf of the taxpayer shall accompany the claim. The oath will be administered without charge by any authorized representative of the Missouri Department of Revenue.
- 3. Where the taxpayer is a corporation, the claim shall be signed with the corporate name, followed by the signature and title of the officer having authority to sign for the corporation.
- 4. The claim must contain the signature of a notary public and the seal.